



DEP has provided this form for use by on-site professionals and local Boards of Health. Other forms may be used, but the information must be substantially the same as provided here. Before using this form, check with your local Board of Health to determine the form they use.

1. Facility Information

Map/Lot_

State

Zip Code

1. (Check one) New Construction ☐ Upgrade ☐ Repair ☐

Year Published

Publication Scale

Soil Map Unit

Soil limitations

Year Published

Publication Scale

Map Unit

Landform

4. Flood Rate Insurance Map:

Yes ☐

No ☐

Within the 100 year flood boundary?

Yes ☐No ☐Yes ☐No ☐

Within a Velocity Zone?

Yes ☐No ☐

5. Wetland Area: National Wetland Inventory Map

Map Unit

Name _____

Wetlands Conservancy Program Map

Map Unit

Name _____



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6. Current Water Resource Conditions (USGS) _____ Range: Above Normal ☐ Normal ☐ Below Normal ☐
Month/Year

7. Other references reviewed: _____

C. On-Site Review *(minimum of two holes required at every proposed disposal area)*

Deep Observation Hole Number: _____
Date _____ Time _____ Weather _____

1. Location

Ground Elevation at Surface of Hole _____

Location (Identify on Plan) _____

2. Land Use: _____
(e.g. woodland, agricultural field, vacant lot, etc.) Surface Stones _____ Slope (%) _____
Vegetation _____ Landform _____ Position on landscape (attach sheet) _____

3. Distances from: Open Water Body _____ feet Drainage Way _____ feet Possible Wet Area _____ feet
Property Line _____ feet Drinking Water Well _____ feet Other _____ feet

4. Parent Material: _____ Unsuitable Materials Present: Yes ☐ No ☐

If Yes: Disturbed Soil ☐ Fill Material ☐ Impervious Layer(s) ☐ Weathered/Fractured Rock ☐ Bedrock ☐

5. Groundwater Observed: Yes ☐ No ☐

If Yes: Depth Weeping from Pit _____ Depth Standing Water in Hole _____

Estimated Depth to High Groundwater: _____



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_____ inches

_____ elevation

Deep Observation Hole Number: _____

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			

Additional Notes _____



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C. On-Site Review (Cont.)

Deep Observation Hole Number: _____

_____ Date _____

_____ Time _____

_____ Weather _____

1. Location

Ground Elevation at Surface of Hole _____

Location (Identify on Plan) _____

2. Land Use: _____

(e.g. woodland, agricultural field, vacant lot, etc.)

_____ Surface Stones _____

_____ Slope (%) _____

_____ Vegetation _____

_____ Landform _____

_____ Position on landscape (attach sheet)

3. Distances from: Open Water Body _____ feet Drainage Way _____ feet Possible Wet Area _____ feet
Property Line _____ feet Drinking Water Well _____ feet Other _____

4. Parent Material: _____ Unsuitable Materials Present: Yes ☐ No ☐

If Yes: Disturbed Soil ☐ Fill Material ☐ Impervious Layer(s) ☐ Weathered/Fractured Rock ☐ Bedrock ☐

5. Groundwater Observed: Yes ☐ No ☐

If Yes: Depth Weeping from Pit _____ Depth Standing Water in Hole _____

Estimated Depth to High Groundwater: _____ inches _____ elevation



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Deep Observation Hole Number: _____

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			

Additional Notes _____



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D. Determination of High Groundwater Elevation

1. Method used: ☐ Depth observed standing water in observation hole A. _____ B. _____
inches inches
☐ Depth weeping from side of observation hole A. _____ B. _____
inches inches
☐ Depth to soil redoximorphic features (mottles) A. _____ B. _____
inches inches
☐ Groundwater adjustment (USGS methodology) A. _____ B. _____
inches inches
2. Index Well Number _____ Reading Date _____ Index Well Level _____
Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material
- a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes ☐ No ☐
- b. If yes, at what depth was it observed? Upper boundary: _____ Lower boundary: _____
inches inches

F. Certification

I certify that I have passed the soil evaluator examination* approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature of Soil Evaluator

Date

Typed or Printed Name of Soil Evaluator

*Date of Soil Evaluator Exam

Name of Board of Health Witness

Board of Health

Note: This form must be submitted to the approving authority with Percolation Test Form 12



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Use this sheet for field diagrams: